

Name  
in  
Full

## CERTIFICATE OF DEATH

Ann Ruvinia Harris

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Choptico

Town

St. Marys -

County

MARYLAND

Date

1909

Month

Jan

Day

7

Age

Years

72

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ches' Co. Md.

Occupation

Housewife

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Widowed

Name of ~~Wife or~~  
Husband

John Harris

Father's  
Name

Jno. B. Mattingly

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sarah Edwards

Mother's  
Birthplace

Md

Name of person giving  
Information

P. H. Mattingly

How related  
to deceased

Brother

## CAUSES OF DEATH

27

Primary

Tuberculosis of Lungs -

How long

don't know.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

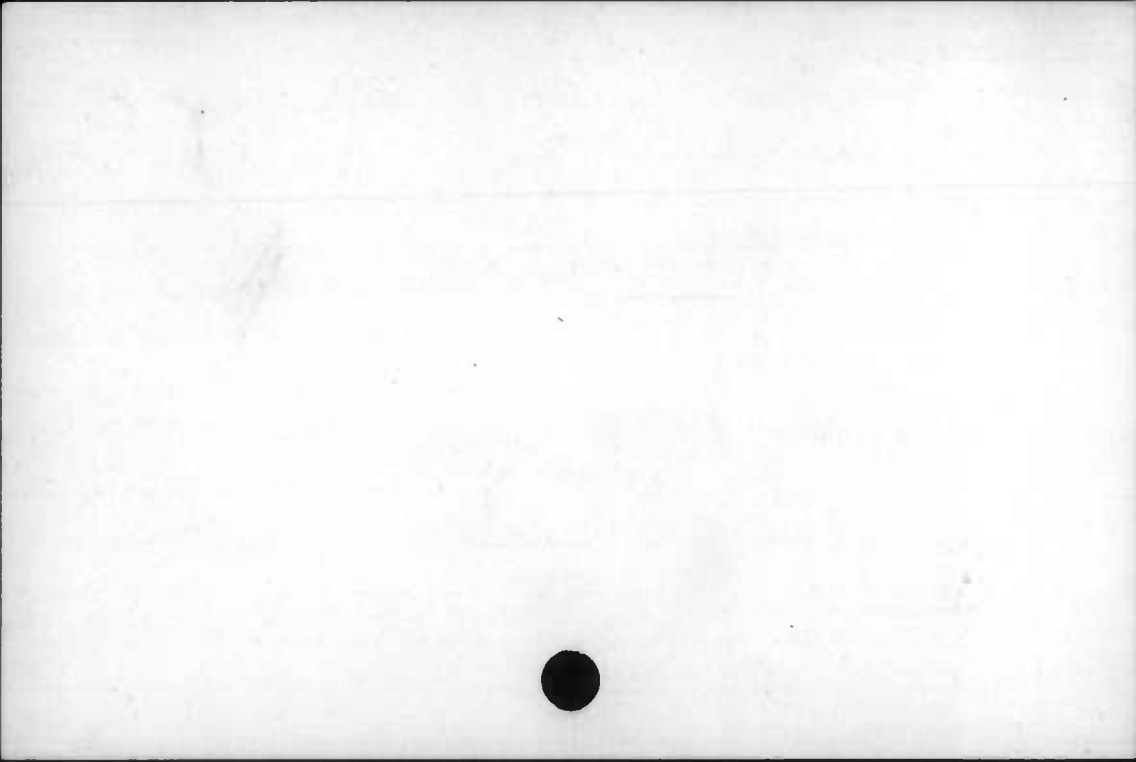
Signature of  
Physician

L. B. Johnson -

Address

Morgantown.

Accident or Suicide?



Name  
in  
Full

Hellen Payne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

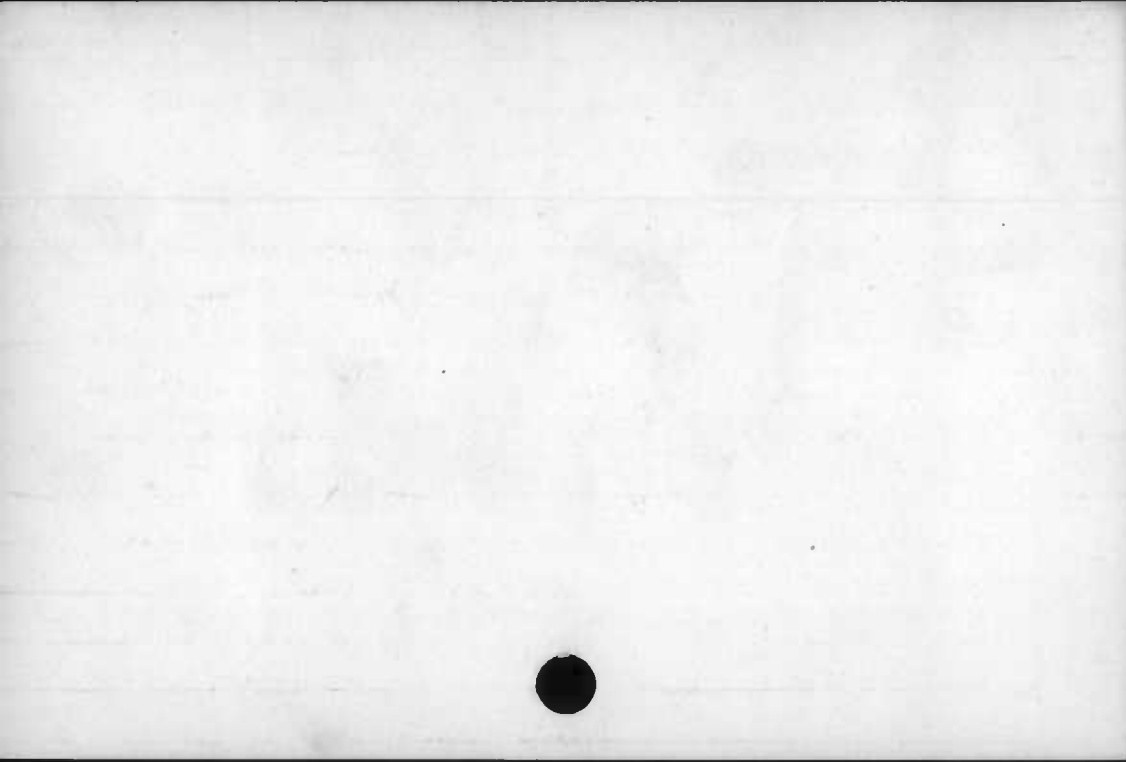
Died at <u>Boston</u> <sup>Town</sup>		<u>Hamp</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Jan</u>	Day <u>11</u>	Age <u>45</u> Years	Months <u>  </u> Days <u>  </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Hampshire</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>  </u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Geo Payne</u>			
Father's Name <u>  </u>			Father's Birthplace <u>Hampshire</u>		
Mother's Maiden Name <u>  </u>			Mother's Birthplace <u>  </u>		
Name of person giving information <u>Samuel Holding</u>			How related to deceased <u>Son in law</u>		

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	<u>Carcinoma of left breast</u>	How long <u>1 yr 4 mos</u>
Immediate	<u>Exhaustion</u>	How long <u>  </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H F Greenwell</u>
		Address <u>Leominster</u>
Accident or Suicide? <u>  </u>		



Name  
in  
F

George Aaron Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

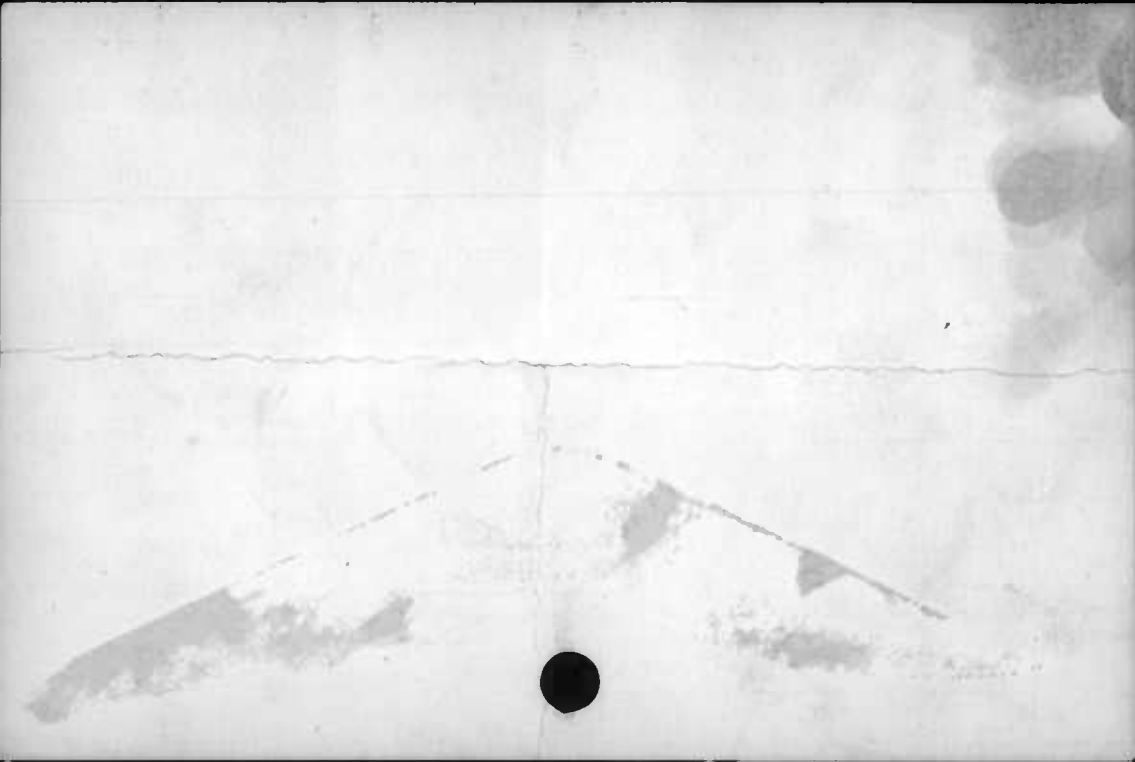
Died at <u>California</u> Town		<u>St. Marys County</u> County		MARYLAND	
Date of death	1909	Month	January	Day	17
Age	Years		Months		Days
Sex	Male		Color or Race	Colored	
Occupation	Farmer		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Widower		Name of Wife or Husband	Matilda Carroll Thomas	
Father's Name	Charles Thomas		Father's Birthplace	Maryland	
Mother's Maiden Name	Not Known		Mother's Birthplace	Maryland	
Name of person giving information	Philip Henry Carroll		How related to deceased	Brother-in-law	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>About 3 hours</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	<u>A. L. Hodgeson M.D.</u>		
Address	<u>Peardon Post Office</u>		
	<u>Maryland</u>		
Accident or Suicide?			



Name  
in  
Full

Margaret B. Wallon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Great Miller</i> <sup>Town</sup>		<i>St. Marys</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909.</i>	Month <i>Jan.</i>	Day <i>12</i>	Age <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington, D.C.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Dr. J. R. Wallon</i>				
Father's Name <i>Wm. Marshall</i>	Father's Birthplace <i>Charles County</i>		Mother's Birthplace <i>Charles Co. Md.</i>		
Mother's Maiden Name <i>Sophine Franklin</i>	Name of person giving information <i>Mrs. Chas. Boy</i>		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>4 days</i>
Immediate <i>Cerebral Coma</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Horner Lynch, M.D.</i>
	Address <i>Valley Lee, St. Marys, Md.</i>
Accident or Suicide?	

